Pre-Season Planning, Preparation and Prevention Checklist

Please note the following are also *applicable for COVID-19 follow up

| AUGUST/SEPTEMBER |
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| DESIGNATE the Outbreak Prevention and Management Team for your Care Community and 'Prepare' (Tool 1) * |
| RECORD contact information for your Public Health Contact (Tool 2) * |
| UPDATE Physician Pre-printed Orders for influenza immunization, pneumococcal immunization (if needed) and antiviral medications (Tool 4) (influenza only) |
| PROVIDE your Pharmacy with clients' weights, ages, gender, and serum creatinine levels for calculation of anti-influenza medication doses (Tools 3) – Influenza only |
| REVIEW Source Controls: Engineering and Administrative |
| SEPTEMBER |
| FAMILIARIZE yourself with the current Fraser Health Respiratory Outbreak Protocol and Toolkit * |
| DISCARD previous versions of the Toolkit and replace them with the most recent version. * |
| ASSEMBLE your Respiratory Outbreak Resource Kit (Care Community Respiratory Resource Kit) |
| REVIEW supplies needed |
| UPDATE Contact List (Tool 6) * |
| PROVIDE information on COVID-19 vaccine, Influenza vaccines, Influenza/COVID treatment and Influenza prophylaxis within your Care Community (Tool 7)* Answer questions for clients and families Put together a list of names Identify anyone with a medical contraindication to influenza vaccine Check to see that other immunizations (e.g., pneumococcal vaccine) are up to date |
| PICK UP or request Pharmacy to pick up Influenza Vaccine when it is available using the cold-chain method (Tool 8) |
| INFORM pharmacy not to order vaccine on LTC site behalf as PH will have order for site put aside already |
| ORDER AND PICK UP Pneumococcal Vaccine as required (Tool 8) |
| ORDER Nasopharyngeal Swab Collection Kits from the BCCDC Laboratory (Tool 9)* |
| COLLECT Nasopharyngeal swab, COMPLETE lab requisition, and SUBMIT SAMPLE to BCCDC (Tool 11) |
| OBTAIN Secondary Packaging Per TRANSPORTATION OF DANGEROUS GOODS (Tool 12) * |



| OCTOBER/NOVEMBER |
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| PREPARE signage (Tool 13) |
| CHECK with Pharmacy regarding their readiness to start anti-influenza medications if needed |
| REVIEW AND ENCOURAGE Hand Hygiene and Respiratory etiquette * |
| ENSURE Use of Routine Practices |
| BE READY TO IMPLEMENT control measures for a SINGLE case of viral respiratory illness (including proper use of PPE) * |
| VACCINATE staff, volunteers, students, and residents (Tool 23) * |
| Influenza specific - COMPILE, COMPLETE and SUBMIT the Fraser Health Influenza Readiness Report to Public Health by the date listed on form use Cerberus file sharing service to send in the Readiness Report (if Cerberus not available, fax to CD Admin Team at 604-507-5439) (Tool 22) |
| ENCOURAGE visitors and others to be immunized as recommended against influenza and COVID-19 |
| REVIEW vaccination status for new residents on admission |
| MAINTAIN: |
| a List of Residents who have had this season's influenza and COVID-19 vaccine (Tool 22) * a List of Residents who have had pneumococcal vaccine, as recommended (Tool 22) |
| REMAINDER OF SEASON: |
| MAINTAIN the record of immunization rates of both staff and residents and update the Readiness Report (Tool 22) * |

